

See the reverse side for instructions on completing this form.

ADP 7235C - EDUCATION STRATEGY (Revised 7/1/99)

**INSTRUCTIONS FOR COMPLETING
EDUCATION STRATEGY—FORM ADP 7235C (Revised 7/1/99)**

EDUCATION: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

SECTION A. PROVIDER/PROGRAM INFORMATION

1. **County Name:** Enter the name of the county where the program is located.
2. **Provider Name:** Enter the complete name of the program as it appears on the contract with the county.
3. **Contact Person's Name:** Enter the name of the provider's contact person. This person may be the program director, executive director, or a designee.
4. **Today's Date:** Enter the date the forms are completed.
5. **Provider ID No.:** Enter the same numbers that were entered on Form 7235A, Section A, No. 3.
6. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 3.
7. **Strategy Status:** Check "Existing Services" if the services began prior to the beginning date of the current reporting period; check "Expansion of Services" if existing services are being expanded by additional capacity, slots, caseload; and check "New or Enhanced Services" if new services are being added or additional service elements are expanded during the current reporting period.

SECTION B. PARTICIPANT BASED

1. **Service Populations:** Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other."
2. **Services:** Check all the appropriate boxes to indicate the types of services provided, the frequency of deliveries, the number of persons served, and whether the number is actual or estimated. If a service is provided that is not listed, enter that service under the category of "Other."
3. **Where Services Occurred:** Check all the appropriate boxes where the services were provided. If a location is not listed, enter that location under the category of "Other."

SECTION C. PARTICIPANT CHARACTERISTICS

1. **Race/Ethnicity:** Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
2. **Age:** Enter the total number of participants in each age category. If an actual count is not possible, please estimate the numbers.
3. **Gender:** Enter the total number of participants in each gender category. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.